

Exhibit 620 [replacing Dkt. #2371-76] attached to Plaintiffs' Consolidated Memorandum in Opposition to Defendants' Motions for Summary Judgment on Plaintiffs' Civil Conspiracy, RICO and OCPA Claims at Dkt. #2182.

- Redactions withdrawn by Defendant

PSJ3

Exhibit 620

RE: CSMP -Rite Aid Sept Report

From:

"Evangelista, Melissa" <melissa.evangelista@mckesson.com>

To:

"Evangelista, Melissa" <melissa.evangelista@mckesson.com>, "Oriente, Michael" <michael.oriente@mckesson.com>

Cc:

"Bissler, Ed" <ed.bissler@mckesson.com>, "Bishop, Micheal" <micheal.bishop@mckesson.com>, "Allen, Judy" <judy.allen@mckesson.com>

Date:

Thu, 02 Oct 2008 20:50:58 +0000

Attachments:

Threshold Change Form-RA1459-2.doc (64.51 kB)

Sorry, forgot the attachment.

Melissa Evangelista
Account Manager, RNA Support Solutions
McKesson Corporation
1220 Senlac Drive
Carrollton, TX 75006
972.446.5455 Work Phone
972.446.5493 Fax
214.995.8854 Cell
melissa.evangelista@mckesson.com
www.mckesson.com

Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipients and may contain confidential and/or privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail, delete this message and destroy all copies thereof.

From: Evangelista, Melissa
Sent: Thursday, October 02, 2008 3:51 PM
To: Oriente, Michael
Cc: Bissler, Ed; Bishop, Micheal; Allen, Judy
Subject: FW: CSMP -Rite Aid Sept Report
Michael,

Please see the attached TCR form for Rite Aid 1459, acct# 576808.

Thank you,

Melissa Evangelista
Account Manager, RNA Support Solutions
McKesson Corporation
1220 Senlac Drive
Carrollton, TX 75006
972.446.5455 Work Phone
972.446.5493 Fax
214.995.8854 Cell
melissa.evangelista@mckesson.com
www.mckesson.com

Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipients and may contain confidential and/or privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail, delete this message and destroy all copies thereof.

From: Andrew R. Palmer [<mailto:apalmer@riteaid.com>]
Sent: Thursday, October 02, 2008 2:21 PM
To: Evangelista, Melissa
Subject: RE: CSMP -Rite Aid Sept Report

Melissa,

Store 1459 needs a 20% threshold increase on base code Oxycodone. The location is experiencing a significant increase in script count and maxed out in September. Please add 20% to this .

Andy

Andy Palmer, Rph
Director, Pharmacy Loss Prevention
Rite Aid Corporation
30 Hunter Lane
Camp Hill, PA 17011
717-760-7866
Fax - 717-975-5925
email - apalmer@riteaid.com

From: Evangelista, Melissa [<mailto:Melissa.Evangelista@mckesson.com>]
Sent: Monday, September 29, 2008 12:06 PM
To: J.Mark Bover; Allen, Judy; Andrew R. Palmer; Bishop, Micheal; Bissler, Ed; Oriente, Michael; Owen P McMahon; Scott Jacobson
Subject: CSMP -Rite Aid Sept Report

Andy,

Please see the attached CSMP report for September. You have several stores that reached their threshold. Please let us know how you would like us to handle.

Thank you,

Melissa Evangelista
Account Manager, RNA Support Solutions
McKesson Corporation
1220 Senlac Drive
Carrollton, TX 75006
972.446.5455 Work Phone

972.446.5493 Fax
214.995.8854 Cell
melissa.evangelista@mckesson.com
www.mckesson.com

Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipients and may contain confidential and/or privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail, delete this message and destroy all copies thereof.

Disclaimer: This e-mail message is intended only for the personal use of the recipient(s) named above. If you are not an intended recipient, you may not review, copy or distribute this message. If you have received this communication in error, please notify us immediately by e-mail and delete the original message.

This e-mail expresses views only of the sender, which are not to be attributed to Rite Aid Corporation and may not be copied or distributed without this statement.

Threshold Change Form

Immediate Change Request Y/N YAnticipated Effective Date: 10/02/2008Date: 10/02/2008Customer Name: RITE 1459Address: 825 MAIN STREET
ZANESVILLE OH
43701DEA number: BR5749063Customer Account number: 576808

Provide Economost number, Description, NDC or Base Code Change in selling unit or percentage

- | | |
|------------------------------|----------------------------|
| 1. CS requested: <u>9143</u> | Increase amount <u>20%</u> |
| 2. CS requested: _____ | Increase amount _____ |
| 3. CS requested: _____ | Increase amount _____ |
| 4. CS requested: _____ | Increase amount _____ |
| 5. CS requested: _____ | Increase amount _____ |

Reason for change (attach supporting documentation):

Andy Palmer-Director of Loss Prevention

Rite Aid Corporation

Increase the threshold an additional 20 % due to increase in business.

McKesson use only

1. Date of last site visit/observation. _____
2. Questionnaire and Declaration on file? Date: _____
3. Permanent or Temporary threshold change?
4. Has threshold been changed on the same product within the last three months?

Current Threshold

- 1.
- 2.
- 3.
- 4.
- 5.

Denied By: _____

Date: _____

Approved by:

DCM _____

Date: _____

Sales _____

Date: _____

nativeFile

MCKESSON

Empowering Healthcare

Regulatory _____

Date: _____

nativeFile